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Survey Questionnaire

**ENVIRONMENTAL SURVEY IN
 VILLAGES**

Name (Head of the family) Address: Telephone : Profession: Annual Income:	Data collected by: Date: Signature:
Number of persons at home Total: Age>60: Age 40-60: Age 21-40: Age <21:	
Ownership of the house: Own/Rent Area of residence: Number of years of stay:	
Person responding to questions Name: Age: Sex: Relationship to the family head:	

1. What is your opinion on the environment of your community?
 Very clean and healthy Clean Dirty Very unhealthy

If dirty or very unhealthy, what are the possible reasons?
 Improper management of household waste
 Irresponsibility of in the community
 Improper management of industrial waste
 Irresponsibility of administrators
 Others:

2. Do you or your family members have any of the following health issues specifically?

Disease	Age group				Possible reasons	Period
	>60	40-60	21-40	<21		
Respiratory problems						

Skin diseases	>60	40-60	21-40	<21		
Eye problems	>60	40-60	21-40	<21		
Others	>60	40-60	21-40	<21		

2. Any recent epidemics/common diseases diagnosed within your community? Yes/No

Type	Period

3. Do you have availability of health care facilities nearby?

Facility	Distance

4. What are the sources and uses of water in your home?

Sources	Uses

5. What changes have you noticed in the quality of water being used? Colour Taste Odour Appearance

None Others:

If any, why do you think it has happened?

6. What changes have you observed in the level of water in your well/bore-well/pond? Increase Decrease More or less same Others:

If any, why do you think it has happened?

7. What have you noticed about the air you breathe?

Dust particles Odour None Others:

8. Whether dust settles inside (over objects) or outside the house (garden) quite often? Yes/No If yes, remarks:

9. Do you own agricultural/horticultural land? Yes/No
If yes:

Crops	Area	Expected yield per annum

What changes have you observed in the annual yield of crops? Increase Decrease
More or less same Others:

10. Do you own livestock? Yes/No

Livestock type	Purpose	Remark on health
	Consumption/ Sale/Others:	
	Consumption/ Sale/Others:	
	Consumption/ Sale/Others:	

11. Any changes observed in living organisms around? Yes/No

Organism	Remark
Birds	
Earthworms/other soil organisms	
Fishes/crabs/frogs	
Others:	

12. Are you prone to noise disturbances from the surroundings? Yes/No
If yes,

Source	Frequency of occurrence	Impact

13. Any previous environmental surveys performed in the community? Yes/No

Organization	Period

14. Any previous analyses of soil/water/air performed in the community? Yes/No

Material	Organization responsible

15. Any significant problems faced by the family in the past few years?

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